

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/31/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155620		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2011	
NAME OF PROVIDER OR SUPPLIER  ZIONSVILLE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 675 S FORD RD ZIONSVILLE, IN46077			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00094022.</p> <p>Complaint IN00094022 substantiated, Federal/State deficiencies related to the allegations are cited at F223, F225, F226, F272, F279 and F514.</p> <p>Survey dates: August 3 &amp; 4, 2011</p> <p>Facility number: 000538 Provider number: 155620 AIM number: 100267290</p> <p>Survey team: Christi Davidson RN-TC Courtney Hamilton RN (08/04/2011)</p> <p>Census bed type: SNF: 14 SNF/NF: 160 Total: 174</p> <p>Census payor type: Medicare: 22 Medicaid: 118 Other: 34 Total: 174</p> <p>Sample: 3</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0223 SS=E	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 8/9/11 Cathy Emswiller RN</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on record review and interview, the facility failed to ensure residents were free from sexual abuse as evidenced by 3 employees failed to immediately report to the administrator or his/her designee if the administrator was not available in an allegation of sexual abuse in a sample of 18 employees that filled out questionnaires for the facility regarding reporting allegations of abuse. (CNA #1, LPN #2, CNA #3)</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 08/03/11 at 2:00 p.m.</p> <p>Diagnoses included, but were not limited to, hemiparesis on the right side, stroke from a heart catheterization, mild dementia and hypertension.</p> <p>A hospital social work flow sheet dated 07/22/11</p>			F0223	<p><b>F 223 Abuse</b></p> <p>This provider ensures that the residents have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident # B no longer resides at the facility.</p> <p>LPN # 2 no longer works at the facility.</p> <p>CNA # 1 and CNA # 3 were provided re-education and disciplinary action related to reporting allegations of abuse and/or utilizing the All Staff</p>		08/12/2011

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	<p>at 15:44 (3:44 p.m.), indicated, "...Recd {received} referral as pt {patient} made allegation of "rape" at ns {nursing} home...notified Zionsville Meadows about the allegations...."</p> <p>A facility generated questionnaire dated 07/23/11, indicated, "...2) Did any resident on Cottage 3 report any allegation of abuse to you. {sic}...." CNA #1 indicated, "Roommate...reported to CNA x 2 (past month) 'That man keeps asking me if my p----- is clean or fat.'"</p> <p>During an interview with the Executive Director (ED) on 08/03/11 at 5:10 p.m., the ED indicated she was not aware of this written statement from CNA #1. ED indicated the CNA did not report the language from the resident to a superior or document the verbiage.</p> <p>As of exit 08/04/11, no further documentation/evidence was provided to indicate there was an investigation, staff or resident interviews, physical exam of the resident involved to determine if sexual abuse had occurred or assessment to determine if there were lasting mental or psychosocial harm to the resident either time the CNA heard the sexual verbiage from the resident.</p> <p>2. A facility generated questionnaire dated 07/23/11, indicate, "...2) Did any resident on Cottage 3 report any allegation of abuse to you. {sic}...." LPN #2 indicated, "Yes....daughter...phone call asking why mom was upset...asked if her mom had said anything about someone hurting her here at this facility." A note to the side of the form indicated this was documented in the nurse's notes.</p> <p>A nurse's note dated 06/26/11 at 7:30 p.m.</p>				<p>Behavior Tracking Record.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient accident practice.</p> <p>Allegations of abuse and/or neglect are reported to the Executive Director, or designee, immediately. An investigation into the allegation is initiated, including resident assessment, updating the plan of care, physician and family notification. The resident(s) safety is maintained.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Employees were re-educated on abuse, including the types of abuse, signs and/or symptoms of abuse, reporting of abuse, and interventions necessary to ensure resident safety. The inservice was completed through interactive participation by the Executive Director or designee, by August 12, 2011, and knowledge was validated through a post test.</p> <p>Employees were re-educated on</p>		

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	<p>indicated, "...Daughter called stated family said mother stated she had been raped and was really confused...." The nurse's note was entered by LPN #2.</p> <p>During an interview with the ED on 08/03/11 at 5:10 p.m., the ED indicated she was not aware of this nurse's note entry or the written statement.</p> <p>During an interview with the ED on 08/04/11 at 10:30 a.m., the ED indicated she did not have the knowledge of the concern of Resident B's family which was documented on 06/26/11 in the Resident's nursing notes.</p> <p>An employee communication form provided by the ED on 08/04/11 at 10:30 a.m. indicated, "...nurse admitted to not reporting to supervisor {sign for at} time of phone call from dtr {daughter}...."</p> <p>As of exit 08/04/11, no further documentation/evidence was provided to indicate there was an investigation, staff or resident interviews, physical exam of the resident involved to determine if sexual abuse had occurred or assessment to determine if there were lasting mental or psychosocial harm to the resident on 06/26/11.</p> <p>3. A handwritten statement dated 07/28/11, indicated CNA #3 had been called a "rapist" by Resident #B on 06/08/11.</p> <p>During an interview on 08/03/11 at 5:10 p.m., the ED indicated CNA #3 did not report the incident of Resident #B calling employee a "rapist" to superior.</p> <p>As of exit 08/04/11, no further documentation/evidence was provided to indicate</p>				<p>the behavior management program, including the completion of the All Staff Behavior Tracking Record, reporting of behaviors, and interventions necessary to ensure resident safety, by the Memory Care Facilitator, by August 12, 2011. Employee knowledge was validated through a post test.</p> <p>Resident behaviors are monitored utilizing the All Staff Behavior Tracking Record, which are reviewed by the Interdisciplinary Team each business day, as needed. The team reviews the interventions to monitor the effectiveness, and determines if new interventions are necessary. Nurse managers and department heads report resident behavior to the Executive Director, or designee, on the weekends. The resident's comprehensive care plan and resident care sheet are updated, as needed.</p> <p>Allegations of abuse and/or neglect are reported to the Executive Director, or designee, upon occurrence. An investigation into the allegation is initiated, including resident assessment, staff or resident interviews, psychosocial monitoring, updating the plan of care, and physician/family notification. The resident(s) safety is maintained.</p> <p>Noncompliance with reporting</p>		

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	<p>there was an investigation, staff or resident interviews, physical exam of the resident involved to determine if sexual abuse had occurred or assessment to determine if there were lasting mental or psychosocial harm to the resident on 06/08/11.</p> <p>A facility policy dated February 2010, titled, "Abuse Prohibition, Reporting, and Investigation," indicated, "...3. Employees whether direct care...receive instruction/training on abuse during orientation and periodically during ongoing inservice education. The training will include: a. What constitutes abuse b. to whom to report abuse, and when...Resident Abuse - Staff member, volunteer, or visitor: 1. Any individual who witnesses abuse, or has a suspicion of, shall immediately notify the charge nurse of the unit, which the resident resides...."</p> <p>This federal tag relates to complaint IN00094022.</p> <p>3.1-27(a)(1)</p>				<p>behaviors and/or allegations of abuse may result in disciplinary action, up to and including termination.</p> <p>Social Service is responsible for implementation and compliance with the facility behavioral management program.</p> <p>The Executive Director is responsible with compliance with resident allegations of abuse.</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>A CQI tool, (Resident and Staff Questionnaire) will be utilized weekly x 4, monthly x 2 and quarterly x 3, to monitor compliance with abuse reporting. The audits will be reviewed by the CQI committee and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.</p> <p><b>Completion Date: 8/12/11</b></p>		

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F0225 SS=E	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to ensure not to employ individuals who have been found guilty of any of the forms of abuse or if a facility</p>			F0225	<p><b>F 225 Abuse</b></p> <p>This provider ensures that employees to not use verbal, mental, sexual, or physical abuse; corporal punishment, or</p>		08/12/2011

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	<p>employee had a finding on the State nurse aide registry concerning abuse as evidenced by 3 employees failed to immediately report to the administrator or his/her designee if the administrator was not available in an allegation of sexual abuse in a sample of 18 employees that filled out questionnaires for the facility regarding reporting allegations of abuse. (CNA #1, LPN #2, CNA #3)</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 08/03/11 at 2:00 p.m.</p> <p>Diagnoses included, but were not limited to, hemiparesis on the right side, stroke from a heart catheterization, mild dementia and hypertension.</p> <p>A hospital social work flow sheet dated 07/22/11 at 15:44 (3:44 p.m.), indicated, "...Recd {received} referral as pt {patient} made allegation of "rape" at ns {nursing} home...notified Zionsville Meadows about the allegations...."</p> <p>A facility generated questionnaire dated 07/23/11, indicated, "...2) Did any resident on Cottage 3 report any allegation of abuse to you. {sic}...." CNA #1 indicated, "Roommate...reported to CNA x 2 (past month) "That man keeps asking me if my p----- is clean or fat."</p> <p>During an interview with the Executive Director (ED) on 08/03/11 at 5:10 p.m., the ED indicated she was not aware of this written statement from CNA #1. ED indicated the CNA did not report the language from the resident to a superior or</p>				<p>involuntary seclusion; (ii) the provider does not employ individuals who have been—(A) found guilty of abusing, neglecting, or mistreating residents by a court of law; or (B) Had had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and (iii) the provider reports any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident # B no longer resides at the facility.</p> <p>LPN # 2 no longer works at the facility.</p> <p>CNA # 1 and CNA # 3 were provided re-education and disciplinary action related to reporting allegations of abuse and/or utilizing the All Staff Behavior Tracking Record.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective</p>		



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	<p>document the verbiage.</p> <p>As of exit 08/04/11, no further documentation/evidence was provided to indicate there was an investigation, staff or resident interviews, physical exam of the resident involved to determine if sexual abuse had occurred or assessment to determine if there were lasting mental or psychosocial harm to the resident either time the CNA heard the sexual verbiage from the resident.</p> <p>2. A facility generated questionnaire dated 07/23/11, indicate, "...2) Did any resident on Cottage 3 report any allegation of abuse to you. {sic}...." LPN #2 indicated, "Yes....daughter...phone call asking why mom was upset...asked if her mom had said anything about someone hurting her here at this facility." A note to the side of the form indicated this was documented in the nurse's notes.</p> <p>A nurse's note dated 06/26/11 at 7:30 p.m. indicated, "...Daughter called stated family said mother stated she had been raped and was really confused...." The nurse's note was entered by LPN #2.</p> <p>During an interview with the ED on 08/03/11 at 5:10 p.m., the ED indicated she was not aware of this nurse's note entry or the written statement.</p> <p>During an interview with the ED on 08/04/11 at 10:30 a.m., the ED indicated she did not have the knowledge of the concern of Resident B's family which was documented on 06/26/11 in the Resident's nursing notes.</p> <p>An employee communication form provided by the ED on 08/04/11 at 10:30 a.m. indicated, "...nurse</p>				<p>action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient accident practice.</p> <p>Allegations of abuse and/or neglect are reported to the Executive Director, or designee, immediately. An investigation into the allegation is initiated, including resident assessment, updating the plan of care, physician and family notification. The resident(s) safety is maintained.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Employees were re-educated on abuse, including the types of abuse, signs and/or symptoms of abuse, reporting of abuse, and interventions necessary to ensure resident safety. The inservice was completed through interactive participation by the Executive Director or designee, by August 12, 2011, and knowledge was validated through a post test.</p> <p>Employees were re-educated on the behavior management program, including the completion of the All Staff Behavior Tracking Record, reporting of behaviors, and interventions necessary to ensure resident safety, by the</p>		

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	<p>admitted to not reporting to supervisor {sign for at} time of phone call from dtr {daughter}...."</p> <p>As of exit 08/04/11, no further documentation/evidence was provided to indicate there was an investigation, staff or resident interviews, physical exam of the resident involved to determine if sexual abuse had occurred or assessment to determine if there were lasting mental or psychosocial harm to the resident on 06/26/11.</p> <p>3. A handwritten statement dated 07/28/11, indicated CNA #3 had been called a "rapist" by Resident #B on 06/08/11.</p> <p>During an interview on 08/03/11 at 5:10 p.m., the ED indicated CNA #3 did not report the incident of Resident #B calling employee a "rapist" to superior.</p> <p>As of exit 08/04/11, no further documentation/evidence was provided to indicate there was an employee background check, investigation, staff or resident interviews, physical exam of the resident involved to determine if sexual abuse had occurred or assessment to determine if there were lasting mental or psychosocial harm to the resident on 06/08/11.</p> <p>A facility policy dated February 2010, titled, "Abuse Prohibition, Reporting, and Investigation," indicated, "...3. Employees whether direct care..receive instruction/training on abuse during orientation and periodically during ongoing inservice education. The training will include: a. What constitutes abuse b. to whom to report abuse, and when...Resident Abuse - Staff member, volunteer, or visitor: 1. Any individual who witnesses abuse, or has a suspicion of, shall</p>				<p>Memory Care Facilitator, by August 12, 2011. Employee knowledge was validated through a post test.</p> <p>The facility conducts pre-hire background/criminal history checks on all potential employees.</p> <p>The facility verifies the Certified Nursing Aide certificates and nurse licensures prior to hire.</p> <p>Resident behaviors are monitored utilizing the All Staff Behavior Tracking Record, which are reviewed by the Interdisciplinary Team each business day, as needed. The team reviews the interventions to monitor the effectiveness, and determines if new interventions are necessary. Nurse managers and department heads report resident behavior to the Executive Director, or designee, on the weekends. The resident's comprehensive care plan and resident care sheet are updated, as needed.</p> <p>Allegations of abuse and/or neglect are reported to the Executive Director, or designee, upon occurrence. An investigation into the allegation is initiated, including resident assessment, staff or resident interviews, psychosocial monitoring, updating the plan of care, and physician/family notification. The resident(s)</p>		

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	immediately notify the charge nurse of the unit, which the resident resides...."  This federal tag relates to complaint IN00094022.  3.1-28(b)(1)(2)				safety is maintained.  Noncompliance with reporting behaviors and/or allegations of abuse may result in disciplinary action, up to and including termination.  Social Service is responsible for implementation and compliance with the facility behavioral management program.  The Executive Director is responsible with compliance with resident allegations of abuse.  <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b>  A CQI tool, (Resident and Staff Questionnaire) will be utilized weekly x 4, monthly x 2 and quarterly x 3, to monitor compliance with abuse reporting. The audits will be reviewed by the CQI committee and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.  <b>Completion Date: 8/12/11</b>		

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F0226 SS=E	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview the facility failed to ensure that the abuse policy was followed by 3 employees that failed to report immediately to the			F0226	F 226 Abuse This provider develops and implements policies and procedures that include the seven components of abuse: screening,		08/12/2011

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	<p>administrator or his/her designee if the administrator was not available in an allegation of sexual abuse in a sample of 18 employees that filled out questionnaires for the facility regarding reporting allegations of abuse. (CNA #1, LPN #2, CNA #3)</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 08/03/11 at 2:00 p.m.</p> <p>Diagnoses included, but were not limited to, hemiparesis on the right side, stroke from a heart catheterization, mild dementia and hypertension.</p> <p>A hospital social work flow sheet dated 07/22/11 at 15:44 (3:44 p.m.), indicated, "...Rcvd {received} referral as pt {patient} made allegation of "rape" at nsg {nursing} home...notified Zionsville Meadows about the allegations...."</p> <p>A facility generated questionnaire dated 07/23/11, indicated, "...2) Did any resident on Cottage 3 report any allegation of abuse to you. {sic}...." CNA #1 indicated, "Roommate...reported to CNA x 2 (past month) "That man keeps asking me if my p----- is clean or fat."</p> <p>During an interview with the Executive Director (ED) on 08/03/11 at 5:10 p.m., the ED indicated she was not aware of this written statement from CNA #1. ED indicated the CNA did not report the language from the resident to a superior or document the verbiage.</p> <p>2. A facility generated questionnaire dated 07/23/11, indicate, "...2) Did any resident on</p>				<p>training, prevention, identification, investigationm, protection andreporting/response.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident # B no longer resides at the facility.</p> <p>LPN # 2 no longer works at the facility.</p> <p>CNA # 1 and CNA # 3 were provided re-education and disciplinary action related to reporting allegations of abuse and/or utilizing the All Staff Behavior Tracking Record.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient accident practice.</p> <p>Allegations of abuse and/or neglect are reported to the Executive Director, or designee, immediately. An investigation into the allegation is initiated, including resident assessment, updating the plan of care, physician and family notification. The resident(s) safety is maintained.</p>		

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	<p>Cottage 3 report any allegation of abuse to you. {sic}...." LPN #2 indicated, "Yes....daughter...phone call asking why mom was upset...asked if her mom had said anything about someone hurting her here at this facility." A note to the side of the form indicated this was documented in the nurse's notes.</p> <p>A nurse's note dated 06/26/11 at 7:30 p.m. indicated, "...Daughter called stated family said mother stated she had been raped and was really confused...." The nurse's note was entered by LPN #2.</p> <p>During an interview with the ED on 08/03/11 at 5:10 p.m., the ED indicated she was not aware of this nurse's note entry or the written statement.</p> <p>During an interview with the ED on 08/04/11 at 10:30 a.m., the ED indicated she did not have the knowledge of the concern of Resident B's family which was documented on 06/26/11 in the Resident's nursing notes.</p> <p>An employee communication form provided by the ED on 08/04/11 at 10:30 a.m. indicated, "...nurse admitted to not reporting to supervisor {sign for at} time of phone call from dtr {daughter}...."</p> <p>3. A handwritten statement dated 07/28/11, indicated CNA #3 had been called a "rapist" by Resident #B on 06/08/11.</p> <p>During an interview on 08/03/11 at 5:10 p.m., the ED indicated CNA #3 did not report the incident of Resident #B calling employee a "rapist" to superior.</p> <p>A facility policy dated February 2010, titled, "Abuse Prohibition, Reporting, and Investigation,"</p>				<p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Employees were re-educated on abuse, including the types of abuse, signs and/or symptoms of abuse, reporting of abuse, and interventions necessary to ensure resident safety. The inservice was completed through interactive participation by the Executive Director or designee, by August 12, 2011, and knowledge was validated through a post test.</p> <p>Employees were re-educated on the behavior management program, including the completion of the All Staff Behavior Tracking Record, reporting of behaviors, and interventions necessary to ensure resident safety, by the Memory Care Facilitator, by August 12, 2011. Employee knowledge was validated through a post test.</p> <p>Resident behaviors are monitored utilizing the All Staff Behavior Tracking Record, which are reviewed by the Interdisciplinary Team each business day, as needed. The team reviews the interventions to monitor the effectiveness, and determines if new interventions are necessary. Nurse managers and department</p>		

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	<p>indicated, "...3. Employees whether direct care..receive instruction/training on abuse during orientation and periodically during ongoing inservice education. The training will include: a. What constitutes abuse b. to whom to report abuse, and when...Resident Abuse - Staff member, volunteer, or visitor: 1. Any individual who witnesses abuse, or has a suspicion of, shall immediately notify the charge nurse of the unit, which the resident resides...."</p> <p>This federal tag relates to complaint IN00094022.</p> <p>3.1-28(a)</p>				<p>heads report resident behavior to the Executive Director, or designee, on the weekends. The resident's comprehensive care plan and resident care sheet are updated, as needed.</p> <p>Allegations of abuse and/or neglect are reported to the Executive Director, or designee, upon occurrence. An investigation into the allegation is initiated, including resident assessment, staff or resident interviews, psychosocial monitoring, updating the plan of care, and physician/family notification. The resident(s) safety is maintained.</p> <p>Noncompliance with reporting behaviors and/or allegations of abuse may result in disciplinary action, up to and including termination.</p> <p>Social Service is responsible for implementation and compliance with the facility behavioral management program.</p> <p>The Executive Director is responsible with compliance with resident allegations of abuse.</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p>		

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					<p>A CQI tool, (Resident and Staff Questionnaire) will be utilized weekly x 4, monthly x 2 and quarterly x 3, to monitor compliance with abuse reporting. The audits will be reviewed by the CQI committee and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.</p> <p><b>Completion Date: 8/12/11</b></p>		



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F0272 SS=D	<p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following:            Identification and demographic information;            Customary routine;            Cognitive patterns;            Communication;            Vision;            Mood and behavior patterns;            Psychosocial well-being;            Physical functioning and structural problems;            Continence;            Disease diagnosis and health conditions;            Dental and nutritional status;            Skin conditions;            Activity pursuit;            Medications;            Special treatments and procedures;            Discharge potential;            Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and            Documentation of participation in assessment.</p> <p>Based on record review and interview, the facility failed to ensure complete and accurate assessments were completed for 1 of 3 residents reviewed. (Resident #B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 08/03/11 at 2:00 p.m.</p>			F0272	<p>F272 Resident Assessment</p> <p>This provider completes a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment includes at least the following: (i) Identification and demographic information, (ii) Customary routine, (iii) cognitive patterns, (iv) Communication, (v) Vision, (vi) Mood and behavior patterns, (vii) Psychosocial</p>		08/12/2011

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	<p>Diagnoses included, but were not limited to, hemiparesis on the right side, stroke from a heart catheterization, mild dementia and hypertension.</p> <p>The admission Minimum Data Set (MDS) Assessment dated 06/23/11 indicated, the cognition of Resident #B was, missed the correct year by 2-5 years, missed current month by more than a month or could not provide and answer and incorrect or no answer to the day of the week. The MDS indicated there were no moods exhibited including, but not limited to, depressed, feeling tired or trouble concentrating on things. The MDS indicated that neither hallucinations or delusions were exhibited.</p> <p>The MDS indicated hallucinations were, "...perceptual experiences in the absence of real external sensory stimuli...." The MDS indicated delusions were, "...misconceptions or beliefs that are firmly held, contrary to reality...."</p> <p>A social service note dated 06/03/11 indicated, "...Res {resident} unable to state clearly why she is tearful. States she just 'feels so sad.' ...Tearful...."</p> <p>An interdisciplinary progress note dated 06/05/11 at 2:00 p.m. indicated Resident</p>				<p>well-being, (viii) Physical functioning and structural problems, (ix) Continence, (x) Disease diagnosis and health conditions, (xi) Dental and nutritional status, (xii) Skin conditions, (xiv) Medications, (xv) Special treatments and procedures, (xvi) Discharge potential, (xvii) Documentation of summary information regarding the additional assessment performed through the resident assessment protocols, (xviii) Documentation of participation in assessment. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident # B no longer resides at the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents who exhibit behavioral symptoms have the potential to be affected by the alleged deficient practice. Resident's with behaviors were reviewed by the Interdisciplinary Team to ensure resident diagnosis and behaviors are assessed and behavior care plans were developed and individualized to ensure behavioral problems and interventions were specific to meet the resident's needs. <b>What measures will be put into place or what systemic changes you will make to ensure that the</b></p>		

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	<p>#B's daughter informed the facility at this time that the resident had three previous psychiatric stays.</p> <p>A nurse's note dated 06/06/11 at 7:00 a.m., indicated Resident #B pulled the call light out of the wall. The note indicated, "...Res {resident} stated she was taking the box on the wall to a party...."</p> <p>A nurse's note dated 06/07/11 at 11:00 a.m., indicated Resident #B was transferred to a psychiatric unit at the hospital.</p> <p>Resident #B's hospital record dated 06/07/11 indicated, "...This is the fourth inpatient Geropsych stay..."</p> <p>Resident #B's hospital record dated 06/15/11 at 2:41 p.m. indicated, "...Patient also stating that 'We are trying to kill her....'"</p> <p>Resident #B's hospital psychiatric evaluation dated 06/15/11, indicated, "...she may be experiencing some internal visual stimuli or hallucinations...She states this place is called 'Raw Center....'"</p> <p>A physician's progress note dated 06/17/11 indicated, "...pt {patient} just returned from hosp today. was admitted for psych eval...6) Depression Celexa</p>				<p><b>deficient practice does not recur?</b> Employees were re-educated on the behavior management program, including the completion of the All Staff Behavior Tracking Record, assessment of the resident with behaviors, reporting of behaviors, and interventions necessary to ensure resident safety, by the Memory Care Facilitator, by August 12, 2011. Employee knowledge was validated through a post test. Licensed nurses were re-educated by the Executive Director, or designee, by August 12, 2011, on the assessment of residents with behavioral issues and/or allegations of abuse. Employee knowledge was validated through a post test. Social Service employees were re-educated by outside consultants, by August 12, 2011, on resident assessment as it pertains to the MDS, the behavior management program and ensuring resident behavioral and psychosocial care plans address the resident diagnosis, behavioral problems and interventions necessary to ensure specific resident needs are met. The Interdisciplinary Team reviews residents upon admission/re-admission, to ensure diagnosis, assessments and pertinent information is utilized to develop an interim careplan. The Resident Care Sheet is updated to reflect specific resident needs. The</p>		

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	<p>{sic} 7) Insomnia trazadone {sic}...."</p> <p>A social service note dated 06/23/11 indicated the resident was interviewed for the MDS Assessment. The note indicated, "...Res {resident} stated she's acting in a play which is why she is here.</p> <p>A recapitulation dated 07/01/11 through 07/31/11, with an original physician's order dated 06/17/11, indicated, "...Trazodone 50mg {milligram} tab {tablet} take 1 tablet by mouth daily at bedtime...."</p> <p>A recapitulation dated 07/01/11 through 07/31/11, with an original physician's order dated 06/17/11, indicated, "...Citalopram 40mg tablet take 1 tablet by mouth daily in the morning (For: Celexa...."</p> <p>During an interview on 08/04/11 at 10:30 a.m., the Executive Director (ED) indicated the facility was not aware of Resident #B's psychiatric history.</p> <p>This federal tag relates to complaint IN00094022.</p> <p>3.1-31(c)(4)</p>				<p>Interdisciplinary Team reviews residents with a change of condition to ensure the resident's needs are met. The resident's care plan and Resident Care Sheet are updated, as needed. Resident behaviors are monitored utilizing the All Staff Behavior Tracking Record, which are reviewed by the Interdisciplinary Team each business day, as needed. The team reviews the interventions to monitor the effectiveness, and determines if new interventions are necessary. Nurse managers and department heads report significant resident behavior to the Executive Director, or designee, on the weekends. The resident's comprehensive care plan and resident care sheet are updated, as needed. Resident's with behaviors were reviewed by the Interdisciplinary Team by August 12, 2001, to ensure resident diagnosis and assessments were incorporated into behavior care plans to ensure behavioral problems and interventions were specific to meet the resident's needs. Resident care plans and Resident Care Sheets were updated, as needed. Social Service is responsible for implementation and compliance with the facility behavioral management program and the development of specific behavior care plans. MDS is responsible for compliance with resident assessment and care plans.</p>		

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					<b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> An CQI tool (Assessment) will be utilized weekly x 4, monthly x 2 and quarterly x 3, to monitor compliance with resident assessment. The audits will be reviewed by the CQI committee and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination. <b>Completion Date: 8/12/11</b>		

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F0279 SS=D	<p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on record review and interview, the facility failed to ensure accurate and complete care plans were developed for behaviors for 1 of 3 residents reviewed for behavior care plans in a sample of 3. (#B)</p> <p>Findings include:</p> <p>The record for Resident #B was reviewed on 08/03/11 at 2:00 p.m.</p> <p>Diagnoses included, but were not limited to, hemiparesis on the right side, stroke from a heart catheterization, mild dementia and hypertension.</p> <p>The admission Minimum Data Set (MDS)</p>			F0279	<p><b>F 279 Care Plan</b></p> <p>This provider develops and completes care plans related to comprehensive assessment of a resident's needs, using the RAI specified by the State.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident # B no longer resides at the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective</p>		08/12/2011



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	<p>Assessment dated 06/23/11 indicated, the cognition of Resident #B was, missed the correct year by 2-5 years, missed current month by more than a month or could not provide and answer and incorrect or no answer to the day of the week. The MDS indicated there were no moods exhibited including, but not limited to, depressed, feeling tired or trouble concentrating on things. The MDS indicated that neither hallucinations or delusions were exhibited. The MDS indicated Resident #B exhibited physical and verbal behaviors which occurred 1 to 3 days.</p> <p>A nurse's note dated 06/02/11 at 10:55 p.m., indicated Resident #B was yelling at staff, getting roommates clothes and putting them on the floor and spit out 5 p.m. medications.</p> <p>A nurse's note dated 06/03/11 at 3:00 p.m., indicated Resident #B stated, "I don't want to eat {sign for with} a bunch of old b-----!"</p> <p>A nurse's note dated 06/06/11 at 7:00 a.m. indicated Resident #B pulled the call light out of the wall.</p> <p>A nurse's note dated 06/06/11 at 6:50 p.m. indicated Resident #B yelled out, "...I will kill you!"...."</p> <p>Hospital records indicated Resident #B was admitted for psychiatric treatment from 06/07/11 through 06/17/11.</p> <p>A nurse's note dated 06/18/11 at 9:00 a.m., indicated Resident #B was found on the floor of</p>				<p>action will be taken?</p> <p>Residents who exhibit behavioral symptoms have the potential to be affected by the alleged deficient practice.</p> <p>Resident's with behaviors were reviewed by the Interdisciplinary Team to ensure behavior care plans were completed and individualized to ensure behavioral problems and interventions were specific to meet the resident's needs.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Employees were re-educated on the behavior management program, including the completion of the All Staff Behavior Tracking Record, reporting of behaviors, and interventions necessary to ensure resident safety, by the Memory Care Facilitator, by August 12, 2011. Employee knowledge was validated through a post test.</p> <p>Social Service employees were re-educated by outside consultants by August 12, 2011, on the behavior management program and ensuring resident behavioral and psychosocial care plans address the resident diagnosis, behavioral problems</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155620		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2011	
NAME OF PROVIDER OR SUPPLIER  ZIONSVILLE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 675 S FORD RD ZIONSVILLE, IN46077			
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	<p>the resident room at 5:30 a.m. naked.</p> <p>A nurse's note dated 06/24/11 untimed, indicated, "Resident continue to seek exit all the time...."</p> <p>A nurse's note dated 07/13/11 indicated, "...I need to get the big yellow bus and go...."</p> <p>A nurse's note dated 07/20/11 at 7:10 p.m. indicated Resident #B, "...had behaviors, would try to jump out of w/c {wheelchair}, and said someone tried to burn and {illegible}...."</p> <p>A care plan dated 07/05/11 indicated Resident #B was at risk for side effects related to psychotropic medications. Documentation lacked indications or interventions related to behaviors included, but not limited to, yelling, taking clothes off, exit seeking, or delusions.</p> <p>During the end of day conference on 08/03/11, care plans for behaviors for Resident #B were requested from the Executive Director (ED).</p> <p>During an interview on 08/04/11 at 10:30 a.m., The ED indicated there were no care plans for behaviors on Resident #B. No further documentation provided at this time.</p> <p>During an interview in the exit conference on 08/04/11 at 5:00 p.m., care plans for behaviors for Resident #B were requested. ED provided an interim care plan for Resident #B that was dated 06/03/11 and indicated this care plan was all there was. The interim care plan lacked the development of behavior care plans.</p> <p>As of exit 08/04/11 no further documentation/evidence was provided to indicate there were behavior care plans developed and</p>				<p>and interventions necessary to ensure specific resident needs are met. Employee knowledge was validated through a post test.</p> <p>MDS employees were re-educated by outside consultants by August 12, 2011, on the development of comprehensive care plans to ensure accurate and complete care plans are developed for residents to meet their individualized needs. Employee knowledge was validated through a post test.</p> <p>Resident behaviors are monitored utilizing the All Staff Behavior Tracking Record, which are reviewed by the Interdisciplinary Team each business day, as needed. The team reviews the interventions to monitor the effectiveness, and determines if new interventions are necessary. Nurse managers and department heads report resident behavior to the Executive Director, or designee, on the weekends. The resident's comprehensive care plan and resident care sheet are updated, as needed.</p> <p>Resident's with behaviors were reviewed by the Interdisciplinary Team by August 12, 2001, to ensure behavior care plans were completed and individualized to ensure behavioral problems and</p>		

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	written timely.  This federal tag relates to complaint IN00094022.  3.1-35(a)				interventions were specific to meet the resident's needs. Resident care plans and Resident Care Sheets were updated, as needed.  Social Service is responsible for implementation and compliance with the facility behavioral management program.  MDS is responsible for compliance with facility care plans.  <b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b>  A CQI tool (Care Plan) will be utilized weekly x 4, monthly x 2 and quarterly x 3, to monitor compliance with behavioral care plans. The audits will be reviewed by the CQI committee and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.  <b>Completion Date: 8/12/11</b>		

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F0514 SS=D	<p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, record review and interview the facility failed to document behaviors on behavior sheets for 2 of 3 residents reviewed for behavior tracking. (#B, #D )</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 08/03/11 at 2:00 p.m.</p> <p>Diagnoses included, but were not limited to, hemiparesis on the right side, stroke from a heart catheterization, mild dementia and hypertension.</p> <p>The admission Minimum Data Set (MDS) Assessment dated 06/23/11 indicated, the cognition of Resident #B was, missed the correct year by 2-5 years, missed current month by more than a month or could not provide and answer and incorrect or no answer to the day of the week. The MDS indicated there were no moods exhibited</p>			F0514	<p>F 514 Medical Records This provider maintains clinical records on each resident in accordance with accepted professional standards and are (i) complete; (ii) Accurately documented; (iii) readily accessible; and (iv) systemaltically organized.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident # B no longer resides at the facility.</p> <p>Resident # D: resident's plan of care was reviewed by the interdisciplinary team and the behavioral care plans and Resident Care Sheet were updated, as needed.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>		08/12/2011

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	<p>including, but not limited to, depressed, feeling tired or trouble concentrating on things. The MDS indicated that neither hallucinations or delusions were exhibited. The MDS indicated Resident #B exhibited physical and verbal behaviors which occurred 1 to 3 days.</p> <p>A nurse's note dated 06/02/11 at 10:55 p.m., indicated Resident #B was yelling at staff, getting roommates clothes and putting them on the floor and spit out 5 p.m. medications.</p> <p>A nurse's note dated 06/03/11 at 3:00 p.m., indicated Resident #B stated, "I don't want to eat {sign for with} a bunch of old b-----!"</p> <p>A nurse's note dated 06/06/11 at 7:00 a.m. indicated Resident #B pulled the call light out of the wall.</p> <p>A nurse's note dated 06/06/11 at 6:50 p.m. indicated Resident #B yelled out, "...I will kill you!"...."</p> <p>Hospital records indicated Resident #B was admitted for psychiatric treatment from 06/07/11 through 06/17/11.</p> <p>A nurse's note dated 06/18/11 at 9:00 a.m., indicated Resident #B was found on the floor of the resident room at 5:30 a.m. naked.</p> <p>A nurse's note dated 06/24/11 untimed, indicated, "Resident continue to seek exit all the time...."</p> <p>A nurse's note dated 07/13/11 indicated, "...I need to get the big yellow bus and go...."</p>				<p>Residents who exhibit behavioral symptoms have the potential to be affected by the alleged deficient practice.</p> <p>Resident's with behaviors were reviewed by the Interdisciplinary Team to ensure resident diagnosis and behaviors are assessed and behavior care plans were developed and individualized to ensure behavioral problems and interventions were specific to meet the resident's needs.</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <p>Employees were re-educated on the behavior management program, including the completion of the All Staff Behavior Tracking Record, reporting of behaviors, and interventions necessary to ensure resident safety, by the Memory Care Facilitator, by August 12, 2011. Employee knowledge was validated through a post test.</p> <p>Social Service employees were re-educated by outside consultants by August 12, 2011, on the behavior management program and ensuring resident behavioral and psychosocial care plans address the resident</p>		

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	<p>Documentation lacked behavior sheets until 07/20/11. Resident #B presented with behaviors on admission on 06/02/11, and behavior sheets should have been initiated at that time.</p> <p>During an interview on 08/04/11 at 3:30 p.m., the Memory Care Facilitator indicated there were not behavior sheets for Resident #B.</p> <p>During the end of day conference on 08/03/11 at 5:00 p.m., all Resident B's behavior sheets were requested from the Executive Director (ED).</p> <p>As of exit 08/04/11, no further documentation was provided. The record lacked documentation of behavior care plans for the time of Resident #B's admission until 07/20/11.</p> <p>2. The record for Resident #D was reviewed 08/04/11 at 3:30 p.m.</p> <p>Diagnoses included, but were not limited to, dementia with delusions, hypertension and a history of seizure disorder.</p> <p>A nurse's note on 07/07/11 at 2:30 p.m. indicated Resident #D was readmitted from receiving psychiatric treatment in the hospital..</p> <p>A nurse's note dated 07/07/11 at 7:50 p.m. indicated, "...Another nurse screamed..asked what happen {sic} stated resident tried hit her she then calmed down resident came out...{sign for with} shoes in hand and stated 'want to kill her.'..."</p> <p>A nurse's note dated 07/15/11 at 2:30 p.m. indicated, "Res {resident} displaying aggressive behaviors towards staff. Attempting to hit staff...Refused PRN {as needed} Zyprexa...."</p> <p>During an observation on 08/04/11 at 4:30 p.m.,</p>				<p>diagnosis, behavioral problems and interventions necessary to ensure specific resident needs are met. Employee knowledge was validated through a post test.</p> <p>Resident behaviors are monitored utilizing the All Staff Behavior Tracking Record, which are reviewed by the Interdisciplinary Team each business day, as needed. The team reviews the interventions to monitor the effectiveness, and determines if new interventions are necessary. Nurse managers and department heads report resident behavior to the Executive Director, or designee, on the weekends. The resident's comprehensive care plan and resident care sheet are updated, as needed.</p> <p>Noncompliance with reporting behaviors utilizing the All Staff Behavior Tracking Record, may result in disciplinary action, up to and including termination.</p> <p>Social Service is responsible for implementation and compliance with the facility behavioral management program.</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b></p> <p>A CQI tool (Psychoactive</p>		

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	<p>Resident #D was on 1 to 1 supervision in the television room.</p> <p>During an interview on 08/04/11 at 4:40 p.m., the Social Worker #4, indicated behavior sheets should be filled out so that the behavior plans can be followed by staff.</p> <p>During an interview on 08/04/11 at 5:00 p.m., the Executive Director indicated Resident #D had not had behaviors since return from hospital because the resident was on 1 on 1 supervision. Behavior sheets for 07/21/11 and 07/23/11 were provided.</p> <p>The record lacked documentation of behavior sheets for these incidents on 07/07/11 and 07/15/11.</p> <p>This federal tag relates to complaint IN00094022.</p> <p>3.1-50(a)(1)</p>				<p>Medication/Behavior Management) will be utilized weekly x 4, monthly x 2 and quarterly x 3, to monitor compliance with the behavior management program. The audits will be reviewed by the CQI committee and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.</p> <p><b>Completion Date: 8/12/11</b></p>		